



## PART B - FEE(S) TRANSMITTAL

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7590

03/23/2004

**M SUSAN SPIERING  
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**Ursula K. FISHER**

(Depositor's name)

*Ursula K. Fisher*

(Signature)

04/13/2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/470,360	12/22/1999	KIMBERLY ANN HORAN	C-7197	6049

TITLE OF INVENTION: PROCESS IMPROVEMENT FOR CONTINUOUS ETHYL ACETATE PRODUCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OH, TAYLOR V	1625	560-265000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **M. Susan SPIERING**

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**CELANESE INTERNATIONAL CORPORATION**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**DALLAS, TEXAS, U.S.A.**

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **08-2454** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*M Susan Spiering*

(Date)

April 13, 2004

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01 FC:1501

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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